

**Board of Licensure in Medicine**  
**137 State House Station, (mailing)**  
**161 Capitol Street (physical address)**  
**Augusta, Maine 04333-0137**  
**Minutes of November 9, 2010**

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**BOARD MEMBERS PRESENT**

Sheridan R. Oldham, M.D.  
Gary R. Hatfield, M.D., Board Secretary  
Cheryl Clukey  
George K. Dreher, M.D.  
David D. Jones, M.D.  
David Nyberg, Ph.D.

**BOARD STAFF PRESENT**

Randal C. Manning, Executive Director  
Mark Cooper, M.D., Medical Director  
Jean M. Greenwood, Administrative Assistant  
Dan Sprague, Assistant Executive Director  
Tim Terranova, Consumer Assistant

**ATTORNEY GENERAL'S OFFICE**

Dennis Smith, Assistant Attorney General

Dr. Dumont and Dr. Gleaton were excused from the meeting.

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The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S.A. §405). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

**PUBLIC SESSIONS**

9:02 a.m. – 9:05 a.m.  
10:00 a.m. – 10:01 a.m.  
10:08 a.m. – 10:11 a.m.  
11:04 a.m. – 11:22 a.m.  
11:50 a.m. – 11:51 a.m.  
11:54 a.m. - 12:21 a.m.  
12:59 p.m. – 1:59 p.m.  
2:14 p.m. - 2:17 p.m.

**PURPOSE**

Public Session  
Public Session  
Public Session  
Public Session  
Public Session  
Public Session  
Public Session  
Public Session - Adjournment

**EXECUTIVE SESSION**

9:05 a.m. – 10:00 a.m.  
10:11 a.m. – 11:04 a.m.  
11:22 a.m. – 11:50 a.m.  
1:59 p.m. – 2:14 p.m.

Informal Conference  
Informal Conference  
Informal Conference  
Review A & Ds and Logs

**RECESS**

10:01 a.m. -10:08 a.m.  
11:51 a.m. – 11:54 a.m.  
12:21 a.m. – 12:59 p.m.

Noon Meal

I. CALL TO ORDER: Dr. Oldham called the meeting to order at 9:02 a.m.

A. AMENDMENTS TO THE PUBLISHED AGENDA

1. Section X, Remarks of the Chairman – amend on Representatives from the Maine Department of Corrections.
2. Section IV, Assessment and Direction – amend on AD 10-473.

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. COMPLAINT STATUS REPORT (FYI)
2. REVIEW DRAFT LETTERS OF GUIDANCE

A. CR 09-441 RYAN D. HARRINGTON, M.D.

Dr. Dreher moved to accept the letter of guidance to Dr. Harrington as edited. Dr. Jones seconded the motion, which passed unanimously.

B. CR 10-258 JEAN S. BENSON, M.D.

Dr. Jones moved to accept the letter of guidance to Dr. Benson as edited. Dr. Nyberg seconded the motion, which passed unanimously.

C. CR 10-297 KURT W. OSWALD, M.D.

Ms. Clukey moved to accept the letter of guidance to Dr. Oswald as edited. Dr. Jones seconded the motion, which passed 5-0-0-1 with Dr. Hatfield recused.

3. CONSUMER ASSISTANT FEEDBACK FYI

III. NEW COMPLAINTS (NONE)

IV. ASSESSMENT & DIRECTION

4. AD10-403 (CR 10-523)

Dr. Dreher moved to issue a complaint and order a 3286 in the matter of AD 10-403. Dr. Hatfield seconded the motion, which passed unanimously.

5. AD10-488 (CR 10-524)

Dr. Dreher moved to issue a complaint and order a 3286 in the matter of AD 10-488. Dr. Jones seconded the motion, which passed unanimously.

6. AD 10-473 (CR 10-525)

Dr. Dreher moved to issue a complaint in the matter of AD 10-473. Dr. Jones seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE(S)

A. CR 09-228/09-532 COREY J. WEBB, P.A.-C

Dr. Jones moved to dismiss the complaint and issue a letter of guidance in the matter of Corey J. Webb, P.A.-C. Dr. Nyberg seconded the motion, which passed unanimously.

In this case, the complainant alleged Mr. Webb prescribed unnecessary controlled medications to her husband, despite his history of addiction, resulting in a relapse. Mr. Webb responded by explaining his rationale for the treatment. After review, the Board voted to issue a complaint alleging that Mr. Webb had violated his schedule II authority, and had treated the patient without an adequate history, physical exam, or pain management plan. Mr. Webb responded by explaining he had discussed the patient with the assigned preceptor, and that he had taken an adequate history and performed an adequate exam. After review, the Board invited Mr. Webb to attend an Informal Conference to discuss these matters.

Even though the Board concluded that Mr. Webb's behavior did not rise to a level of misconduct sufficient to warrant disciplinary action, the Board wishes to convey serious concerns about his actions and expects that Mr. Webb will:

1. Perform and document a focused and thorough physical exam appropriate to each patient's complaint;
2. Understand the importance of a clear plan of care based on past and current medical history and the physical exam and document same in the medical record;
3. Improve his understanding of the disease of addiction and the potential impact of every medication he prescribe to patients with such a history; and
4. Improve his pharmacology knowledge of the drugs he prescribes.

B. CR 09-314

Dr. Oldham moved to investigate further CR 09-314. Dr. Jones seconded the motion, which passed 5-0-0-1 with Dr. Nyberg recused.

C. CR 10-051

Dr. Dreher moved to investigate further CR 10-051. Ms. Clukey seconded the motion, which passed unanimously.

D. CR 10-078 DANIEL V. OFFRET, P.A.-C

Dr. Jones moved to dismiss the complaint and issue a letter of guidance in the matter of CR 10-078 Daniel V. Offret, P.A.-C. Dr. Hatfield seconded the motion, which passed unanimously.

In this case, a patient complained that Mr. Offret did not explain what he was doing during a gynecological exam and that he was insensitive when giving her an emotionally devastating diagnosis. She also complained he did not answer her questions. Mr. Offret admitted his comments were indelicate but said he did not intend to upset the patient and that his comments were intended to alleviate her fear. After review, the Board invited Mr. Offret to attend an Informal Conference to discuss communication.

After an informal conference the Board concluded that Mr. Offret's behavior did not rise to a level of misconduct sufficient to warrant disciplinary action; however, the Board wishes to convey serious concerns about his actions and expects that he will improve his communication with patients, especially when discussing topics of a sensitive nature, and the Board encourages him to attend a course on communication.

NOON MEAL

PUBLIC SESSION

VI. MINUTES OF OCTOBER 12, 2010

Ms. Clukey moved to approve the minutes of October 12, 2010 as edited. Dr. Dreher seconded the motion, which passed 5-0-1 with Dr. Jones abstaining.

VII. NEW BUSINESS (NONE)

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL

A. BOARD ORDERS

1. CR 09-003 & 10-135 JAMES C. COOPER, M.D. [SEE APPENDIX A ATTACHED]

Dr. Hatfield moved to approve the Board Order in the matter of James C. Cooper, M.D. Ms. Clukey seconded the motion, which passed 5-0-1 with Dr. Jones abstaining.

B. CONSENT AGREEMENT MONITORING & APPROVAL (NONE)

IX. ADJUDICATORY HEARINGS

A. CR 09-469 ROBERT B. ROVNER, M.D.

Dr. Rovner has paid the assessed administrative fine and withdrawn his request for a hearing.

Dr. Nyberg moved to accept the payment of the fine and approve Dr. Rovner's request to withdraw his appeal for a hearing as resolution of the matter. Ms. Clukey seconded the motion, which passed unanimously.

B. CR 08-379/10-142 GEORGE E. NORTHROP, M.D. [SEE APPENDIX B ATTACHED]

Dr. Dreher moved to approve a consent agreement in the matter of George E. Northrop, M.D. in lieu of holding an Adjudicatory Hearing. Dr. Northrop will receive a reprimand, a civil penalty of \$2000, and withdraw his appeal of the Board's decision to preliminarily deny his application for a license. Dr. Jones seconded the motion, which passed unanimously.

X. REMARKS OF CHAIRMAN

A. REPRESENTATIVES FROM THE DEPARTMENT OF CORRECTIONS

The Board welcomed Joseph Shubert, M.D., the new Regional Medical Director for the Maine Department of Corrections (DOC) and Ruth Lawson-Stopps, Director of Health Care Services (DOC). Dr. Shubert is employed by Correctional Medical Services (CMS) under a contract with DOC. In his capacity as medical director, Dr. Shubert is responsible both to deliver individual clinical care to patients and to oversee the medical services delivered throughout the Departments' nine corrections facilities covering greater than 2,000 incarcerated individuals.

B. FIRST CALL FOR RESOLUTIONS 2011 FSMB ANNUAL MEETING  
HOUSE OF DELEGATES (TABLED)

C. FIRST CALL FOR AWARD NOMINATIONS FSMB (TABLED)

D. FIRST CALL FOR ASSOCIATE MEMBER NOMINATIONS BOARD OF DIRECTORS  
FSMB (TABLED)

E. DREXEL UNIVERSITY COLLEGE OF MEDICINE CONTINUING MEDICAL  
EDUCATION. (FYI RESOURCE)

XI. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the Executive Director's report.

A. COMPLAINT STATUS REPORT (FYI)

B. POLICY REVIEW – DEATH CERTIFICATES POLICY REVIEW

Dr. Jones moved to reaffirm the Death Certificate Policy as written. Dr. Dreher seconded the motion, which passed unanimously.

C. PROPOSED REVISION OF PRESS RELEASE POLICY

Dr. Dreher moved to approve the revision to the Press Release Policy as written. Dr. Jones seconded the motion, which passed 5-1.

XII. MEDICAL DIRECTOR’S REPORT

Dr. Cooper reported he attended the public hearing the Office of Substance Abuse held for its proposed changes to their Chapter 11 rule governing the Prescription Monitoring Program. The changes pertain to the liberalizing of who can be a data requestor, and to changes in both patient and prescriber thresholds for further action.

XIII. REMARKS OF ASSISTANT ATTORNEY GENERAL (NONE)

XIV. SECRETARY’S REPORT

A, LIST A

1. M.D. LIST A LICENSES FOR RATIFICATION

Dr. Dreher moved to ratify the physicians on List A below for a Maine License. Dr. Jones seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Bansal, Raghav	Internal Medicine	Waterville
Barax, Charles N.	Diagnostic Radiology	Tele-Radiology
Best, Thomas	Psychiatry	Fort Kent
Caldwell, David C.	IM/Oncology/Hematology	Lewiston
Dunlap, James E	Family Medicine/Sports Medicine	Augusta
Galpern, David W	General Surgery	Bangor
Ganta, Neelima M	Family Practice	Not Sure
Herbst, Melissa A.	OB/GYN/Maternal Fetal Medicine	Not Listed
Kahler, John G.	Radiology	Augusta
Kenyherz, Gregory E.	Diagnostic Radiology	Not Listed
Mark, Ron	Diagnostic Radiology	Tele-Radiology
Manu, Devarajan J.	Internal Medicine	Houlton
Potts, Koreen K.	Diagnostic Radiology	Tele-Radiology



Schneider, Robert W.	Orthopedic Surgery	Not Listed
Scutchfield, Scott B.	Orthopedic Surgery	Lewiston
Smith, Pamela S.	Pediatrics	Skowhegan
Sokol, Levi O.	Diagnostic Radiology	Tele-Radiology
Thirumalai, Shanti S.	Psychiatry & Neurology	
	Qualifications in Child Neurology	
	& EEG Interpretation	Calais-Via Electronic Means
Thompson, Craig R.	General Surgery	Waterville
Vanstory, Madeline B.	Family Medicine	Not Listed

2. P.A. LIST A LICENSES FOR RATIFICATION

Dr. Jones moved to ratify the physician assistants on List A below for a Maine License. Dr. Nyberg seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary Gary R. Hatfield, M.D. without reservation:

NAME	LICENSE	PSP	LOCATION
Barnard, Aaron	PA-871	Joseph Caldwell, M.D.	Farmington
		Nancy Cummings, M.D.	Farmington
Mannari, Christophe	PA001241	Noah Nesin, M.D.	Lincoln

B. LIST B – APPLICATIONS FOR INDIVIDUAL CONSIDERATION

1. AHMED A. SHALABI, M.D. (TABLED)

2. JOSEPH W. SLAP, M.D.

The Licensure Committee moves to approve the license application of Joseph W. Slap, M.D. The motion passed unanimously.

3. TOWHID H. SHIBLEE, M.D. - TEMPORARY

The Licensure Committee moves to approve the temporary license application of Towhid H. Shiblee, M.D. The motion passed unanimously.

4. COSMINA I. FACHIOR, M.D.

The Licensure Committee moves to approve the license application of Cosmina I. Fachior, M.D. The motion passed unanimously.

5. JAMES A. CHEVERIE, M.D.

The Licensure Committee moves to approve the license application of James A. Cheverie, M.D. The motion passed unanimously.

C. LIST C – APPLICATIONS FOR REINSTATEMENT

1. LIST C – APPLICATIONS FOR REINSTATEMENT

Dr. Dreher moved to approve the physician on List C for reinstatement. Ms. Clukey seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Faloon, Michael D.	Family Medicine	Presque Isle

2. LIST C – APPLICATIONS FOR REINSTATEMENT FOR INDIVIDUAL CONSIDERATION (NONE)

D. LIST D WITHDRAWALS

1. LIST D (1) WITHDRAW LICENSE APPLICATION (NONE)

2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION

Dr. Jones moved to approve the physicians on List D (2) to withdraw their licenses from registration. Dr. Nyberg seconded the motion, which passed unanimously.

The following physicians have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Ahmnad, Eimad .....	018123
Crutchfield, David.....	015157
Michel, Steven .....	017405
Stenberg, Christopher .....	014515

3. LIST D (3) WITHDRAW LICENSE FROM REGISTRATION – INDIVIDUAL CONSIDERATION (NONE)

E. LIST E LICENSES TO LAPSE BY OPERATION OF LAW (FYI)

The following physician licenses lapsed by operation of law effective October 20, 2010.

<u>NAME</u>	<u>LICENSE NO.</u>
Andrews, Christopher	017398
Bartolet, Terry	016373
Butiu, Teodor	017136
Crowley, Stephen	017635
Delaney, Frederick	005949
Himmelfarb Jonathan	012275
Irons, Daniel	017026
Magdalene, Juliette	018004
Morton, Douglas	016923
Murdock, David	018308
Park, Melissa	015943
Wynter, Carl	017920
Yatsynovich, Viktor	018014

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS

1. SUBHASH VYAS, M.D.

The Licensure Committee moved to table the license application of Subhash Vyas, M.D. for 4 months pending results from the Kentucky Board and to table scheduling the adjudicatory hearing.

G. LIST G RENEWAL APPLICATIONS FOR REVIEW

1. REBECCA JACKSON, M.D.

The Licensure Committee moved to approve the license renewal of Rebecca Jackson, M.D. The motion passed unanimously.

H. LIST H PA SCHEDULE II AUTHORITY REQUESTS FOR RATIFICATION (NONE)

XV. STANDING COMMITTEE REPORTS

A. ADMINISTRATION, POLICY & RULES COMMITTEE

1. FIRST QUARTER FINANCIAL REPORT (FYI)

The FY 2011 First Quarter Financial Report showed income down \$26,824 from the budgeted projection, expenses came in \$20,835 under budget, and other expenses came in \$65,107 under budget with cash reserves in the current year of \$68,118. An outstanding bill from the Attorney General's Office represents a large portion of the cash reserves.

XVI. BOARD CORRESPONDENCE (NONE)

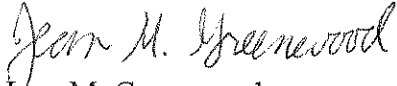
XVII. FYI

XVIII. FSMB MATERIAL (FYI)

XIX. OTHER BUSINESS (NONE)

XX. ADJOURNMENT 2:17 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jean M. Greenwood".

Jean M. Greenwood  
Administrative Assistant  
Board Coordinator

**MAINE STATE BOARD OF LICENSURE IN MEDICINE**

IN RE: James C. Cooper, M.D. )  
 Licensure Disciplinary Action ) **DECISION AND ORDER**  
 Complaint CR-09-003/CR 10-135 )

**I. PROCEDURAL HISTORY**

Pursuant to the authority found in 32 M.R.S. Sec. 3282-A, *et seq.*, 5 M.R.S. Sec. 9051, *et seq.* and 10 M.R.S. Sec. 8001, *et seq.*, the Board of Licensure in Medicine (Board) met in public session at the Board's offices located in Augusta, Maine at 1:00 p.m. on October 12, 2010. The purpose of the meeting was to conduct a consolidated adjudicatory hearing to decide the following two issues. First, whether James Cooper, M.D. violated Board statutes and Rules as alleged in the Notice of Hearing which would subject him to disciplinary sanctions. Second, whether the Board would grant Dr. Cooper's appeal from the Board's preliminary decision to deny his application for a permanent license to practice medicine in this state. A quorum of the Board was in attendance during all stages of the proceedings. Participating and voting Board members were Chairman Sheridan Oldham, M.D., Gary R. Hatfield, M.D., George Dreher, M.D., public member, David Nyberg, Ph. D., public member, Cheryl Clukey, Maroulla S. Gleaton, M.D., and David H. Dumont, M.D. Dr. Cooper appeared but was unrepresented by an attorney. Dennis Smith, Ass't. Attorney General, presented the State's case. James E. Smith, Esq. served as Presiding Officer.

The Board convened the hearing and first determined that there were no conflicts of interest or bias on behalf of any Board member. The Board then took administrative notice of its statutes and Rules. State's exhibits 1-26 and Respondent's exhibits 1-3 were admitted into the Record. Subsequent to the parties' opening statements, the taking of testimony, exhibits, and closing arguments, the Board deliberated and made the following findings of fact by a preponderance of the credible evidence.

## II.

### FINDINGS OF FACT

James Cooper, M.D., has been a licensed adult, child, and adolescent psychiatrist since 1974. He is currently licensed to practice medicine in Idaho, Indiana, and Vermont and seeks to be permanently licensed in Maine. Dr. Cooper resides in Boise, Idaho and most recently has been employed as a *locum tenens* psychiatrist. He served in that capacity while assigned to Pen Bay Medical Center (Pen Bay) in Rockport, Maine and its subsidiary, Mid-Coast Mental Health (Mid-Coast) in Rockland, Maine from October 6, 2008 until April 3, 2009.

CR, at the relevant time regarding this hearing, was a 12 year old boy with longstanding behavioral and developmental issues, among them being easily frustrated and angry and “easily upset about the least of things.” CR had been treated on September 8, 2008, at Mid-Coast by psychiatrist Ledro Justice, M.D. 2 1/2 months before his appointment with Dr. Cooper. This session had been requested by CR’s primary care provider who was prescribing psychotropic medications. CR also was receiving counseling from his therapist. Both CR’s primary care physician and his therapist had concerns regarding CR’s depression which they gave as the primary reason for their referral to Dr. Cooper since Dr. Justice was unavailable.

Dr. Justice, at the September 8, 2008 session, described CR in part as being “easy to engage...he seemed anxious to please and mildly anxious, initially. He relaxed rather quickly, responding to assurance that no harm was intended...” CR was further described by Dr. Justice as having “some insight and his judgment is fair. Impulse control and overall behavior was quite appropriate in the office...” Perhaps most importantly, CR denied any suicidal or homicidal ideation. His Axis I diagnoses were Anxiety Disorder not otherwise specified (NOS), Mixed-Receptive Expressive Language Disorder, rule out; Developmental Disorder (NOS); Attention Deficit Hyperactivity Disorder, provisional; and Mood Disorder (NOS), rule out. The assessment of risk concerns were a possible increase in disruptive behaviors and deterioration in academic performance. No concerns were stated regarding CR’s mother, TR, related to parenting skills or lack of involvement with her son.

CR was accompanied by TR, on November 21, 2008 when he was seen in consultation by Dr. Cooper at Mid-Coast Mental Health. Since Dr. Cooper did not appear to know why CR had been referred to him or for what reason, TR requested the consultation be postponed until Dr. Cooper could confer with CR’s referring providers. Dr. Cooper ignored the request. He testified

that he had not contacted the referring professionals since Sally Cooper, M.D.<sup>1</sup>, was going to do that. Sally Cooper, M.D., was more credible at this hearing when she testified that no such agreement took place and that she would have expected Dr. James Cooper to have contacted the referral resources and other collateral resources before the session.

During the 60 minute session, CR presented as upset, tearful at times, verbalized that no one liked him, and acknowledged that he sometimes wished he would die and could not express a reason to continue living. At some point in the session, CR excused himself and went to the bathroom.

Dr. Cooper was very concerned about CR's presentation and determined that a reasonable outpatient safety plan had not been arranged. He then recommended, in the presence of CR and his mother, that CR be hospitalized. Dr. Cooper had not reviewed Dr. Justice's notes and neither had he contacted CR's primary care physician or therapist. This recommendation proved to be unfortunate since CR's mother became enraged, CR began crying, and both communicated unwillingness for CR to be hospitalized. Dr. Cooper reacted by stating that unless CR was hospitalized, he would need to report CR's situation to the Maine Department of Health and Human Services (DHHS) which might take custody of CR and his brother. Dr. Cooper thought that this comment perhaps would produce fear in TR so that she would cooperate. This statement was interpreted by CR and his mother as a threat to remove custody from her and resulted in further harm as CR began pounding his fists and jumping up and down screaming and crying.

The session ended shortly thereafter. Dr. Cooper followed-up with his stated intention to call DHHS and reported that CR's mother was neglecting her son by failing to follow Dr. Cooper's medical recommendation that she agree to CR's psychiatric hospitalization for his safety. Dr. Cooper also made arrangements for a crisis management team "to attempt to follow-up with the family if they will accept it." CR's mother also made a phone call to DHHS and explained her version of events regarding the consultation. DHHS made a brief investigation and, finding no jeopardy, closed the case.

Dr. Cooper, at this hearing and in his response to the complaint, testified that CR was full of hopelessness. TR, however, voiced her opinion that Dr. Cooper's comments in front of CR regarding hospitalizing him and/or the possibility of DHHS taking custody of him exacerbated CR's hopelessness. Dr. Cooper also had stated that he has never seen, in his 30 years of psychiatric

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<sup>1</sup> Sally Cooper, M.D. is not related to James Cooper, M.D.

practice, “a mother who was as detached, cold and unresponsive to her child as Mrs. R was on November 21, 2008.” Dr. Cooper further described her as being “unable or unwilling to look after the best interests or safety of her minor child.” These comments were belied by the fact that TR has faithfully sought competent care for her son as evidenced by treatment and evaluations by at least one therapist, two psychiatrists, and the family doctor. TR’s caring for her son was further evidenced by her well-founded concern that Dr. Cooper was unprepared to consult with her at the November 21, 2008 session. Additionally, TR may have appeared “cold” due to there being no rapport between the licensee and her.

One month later on December 19, 2008, CR was reevaluated by psychiatrist Sally Cooper who described CR as “smiling readily” and “being hopeful about the future.” The boy stated to this professional that he did ponder the idea of “killing oneself” but would never do that as it would cause his family pain and sadness. In short, the problems exhibited in his session with Dr. James Cooper were mostly absent in his session with Dr. Sally Cooper who stated no concerns regarding TR’s parenting skills.

On January 7, 2009, TR filed the present complaint with the Board. Dr. Cooper responded on February 2, 2009, and the Board on April 14, 2009 ordered but did not schedule an informal conference with Dr. Cooper who voiced several concerns regarding his attendance at same. Eventually, the Board scheduled an informal conference for December 8, 2009 which Dr. Cooper allegedly did not receive notice of until December 2, 2009. He wrote the Board on that day that he could not attend on such short notice and that: “I very much would relish the opportunity to address all of this with the Maine Board of Licensure in Medicine and I would appreciate an opportunity to review the facts with the Board and perhaps introduce some unknown facts about Mrs. R and her family that might suggest some motives in her complaint and her behaviors. **I especially would enjoy watching Mrs. R in action again and to have a chance to confront her.**” (emphasis added). He requested a continuance until after the winter but the Board instead voted to deny his application.

Judy A. Burk, M.D., is a psychiatrist with 21 years of experience. She testified as an expert witness in this matter and rendered her opinion that Dr. James Cooper violated the following standards of practice in his profession according to the Standards of the American Psychiatric Association.



1. Dr. Cooper failed to establish and/or maintain adequate rapport with patient CR or his mother;
2. Dr. Cooper failed in his evaluation of CR's potential for suicide to seek information from the referring sources (CR's therapist and primary care provider who was prescribing psychotropic medication);
3. Dr. Cooper failed to document that he sought information regarding CR's potential for suicide from the referring sources;
4. Dr. Cooper failed to ascertain the availability and presence in the home of firearms and lethal medication;
5. Dr. Cooper failed to document the availability and presence in the home of firearms and lethal medication;
6. Dr. Cooper failed to explicitly advise CR's mother to remove firearms and lethal medication from the home;
7. Dr. Cooper failed to document that he advised CR's mother to remove firearms and lethal medication from the home;
8. Dr. Cooper failed to communicate his concerns about CR's safety in a timely way to CR's referring providers;
9. Dr. Cooper failed to document that he communicated his concerns about CR's safety in a timely way to CR's referring providers;
10. Dr. Cooper's behavior caused harm to CR (communicating to CR's mother in the presence of CR that CR needed to be hospitalized and then stating that refusal to be hospitalized would be reported to appropriate Maine authorities, and then predicting that CR's mother would lose custody of both children) ;
11. The statement that CR's mother would lose custody of both children had a negative impact upon the therapeutic relationship that Dr. Cooper was supposed to have with CR.

### **III.**

### **CONCLUSIONS OF LAW**

According to the language of 10 M.R.S. §8008, "The sole purpose of an occupational and professional regulatory board is to protect the public health and welfare. A board carries out this purpose by ensuring that the public is served by competent and honest practitioners and by

establishing minimum standards of proficiency in the regulated professions by examining, licensing, regulating and disciplining practitioners of those regulated professions. Other goals or objectives may not supersede this purpose.”

The Board, taking the above stated purpose into consideration, and based on the recited evidence and other evidence found in the record but not alluded to herein, and further on observations of the licensee’s demeanor, concluded by the vote of 7-0, that James Cooper, M.D. violated the provisions of 32 M.R.S. §3282-A(2)(F): by engaging in unprofessional conduct by the acts and omissions detailed in paragraphs numbered 1-11 above.

The Board reasoned, among other things, that TR’s and Dr. Burk’s testimony was credible. Dr. Cooper’s request to hospitalize CR was not unreasonable except in conjunction with his threat to report the mother to DHHS. However, coupled with Dr. Cooper’s hyperbole that this was the worst case that he had seen in thirty years, involuntary commitment of CR should most likely have taken place. The failure to communicate with the mother in an effective manner but instead to use the threat of social services reporting to try to manipulate the situation in the child’s presence constituted unprofessional communication with the patient and the mother, especially since Dr. Cooper could have raised the issue of DHHS in private with the mother when CR was in the bathroom.

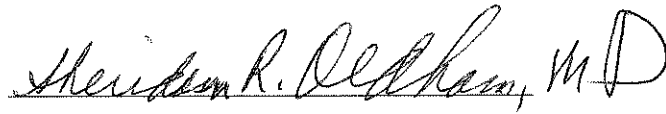
Dr. Cooper also was arrogant and disparaged both the mother and Dr. Burk’s honest attempts to try to provide information requested by the Board. Dr. Cooper further did not take responsibility for any of the negative results of the November 21, 2008 session. He also demonstrated his lack of insight in at least two instances. First, when he remarkably appeared to take credit for CR’s noted improvement at CR’s subsequent session with another psychiatrist. Second, when Dr. Cooper testified that his primary regret regarding CR was that he did not hug CR at the session.

#### **IV. SANCTIONS**

The Board, based on the recited evidence and other evidence found in the record but not alluded to herein, and further on observations of the licensee’s demeanor, voted 7-0 not to support Dr. Cooper’s application for permanent licensure and to order that he be sanctioned based on the egregiousness of the above violations.

**Wherefore**, the Board orders that James C. Cooper, M.D.'s **APPEAL** from the Board's preliminary denial of his application for a permanent license to practice medicine in the state of Maine is hereby **DENIED**. James C. Cooper is also hereby **REPRIMANDED** for the above unprofessional conduct which occurred while temporarily licensed as a physician in Maine.

Dated: November 9, 2010

A handwritten signature in cursive script, reading "Sheridan R. Oldham, M.D.", with a large, stylized "D" at the end.

Sheridan Oldham, M.D., Chairman

Maine Board of Licensure in Medicine

V.

**APPEAL RIGHTS**

Pursuant to the provisions of 5 M.R.S. Sec. 11001, 11002, and 10 M.R.S. Sec. 8003, any party that appeals this Decision and Order must file a Petition for Review in the Superior Court within 30 days of receipt of this Order. The petition shall specify the person seeking review, the manner in which they are aggrieved and the final agency action which they wish reviewed. It shall also contain a concise statement as to the nature of the action or inaction to be reviewed, the grounds upon which relief is sought and a demand for relief. Copies of the Petition for Review shall be served by Certified Mail, Return Receipt Requested upon the Maine State Board of Licensure in Medicine, all parties to the agency proceedings and the Attorney General.

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

In re:	)	
George E. Northrop, M.D.	)	CONSENT AGREEMENT
Complaint Nos. CR08-379/10-142	)	

This document is a Consent Agreement, effective when signed by all parties, that resolves two matters pending before the Board: (1) a complaint - CR 08-379; and (2) the Board's preliminary denial of Dr. Northrop's application for a permanent Maine medical license. This Consent Agreement imposes disciplinary action against the emergency and temporary Maine medical licenses previously held by George E. Northrop, M.D., and resolves a pending application for a permanent Maine medical license. The parties to the Consent Agreement are: George E. Northrop, M.D. ("Dr. Northrop"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. On February 15, 2008, the Board issued Dr. Northrop an Emergency Maine Medical License, which expired on May 25, 2008. On his application for an emergency medical license, Dr. Northrop affirmatively indicated that he would file an application for a permanent Maine medical license within fourteen (14) days of being issued an emergency medical license.

2. On May 27, 2008, the Board received an application from Dr. Northrop for a permanent Maine medical license. On that application, Dr. Northrop indicated that he had never suffered from "any physical, psychiatric, or addictive disorder that would impair or require limitations" on his functioning as a physician. In addition, Dr. Northrop indicated that his medical specialty was Internal Medicine.

3. On June 9, 2008, the Board issued Dr. Northrop a Temporary Maine Medical License, which expired on December 9, 2008. The Board issued Dr. Northrop the temporary license in order to allow him to continue to practice medicine in Maine while his application for a permanent medical license was being processed.

4. On July 12, 2008, the Board received a letter from the Maine Medical Association Medical Professionals Health Program (MPHP) indicating that Dr. Northrop was a participant in good standing, and had signed a treatment plan contract on June 30, 2008. The letter also indicated that the mission of the MPHP is "to support

professionals in recovery from illness that might impair their ability to practice safely" and indicated that Dr. Northrop would be undergoing counseling and random urine monitoring.

5. On August 21, 2008, the Board staff sent Dr. Northrop a letter updating him on the status of his pending application for a permanent medical license.

6. On Friday, September 12, 2008, the Board received a letter dated September 11, 2008, from the Maine Medical Association MPHP regarding Dr. Northrop. According to that letter, on August 27, 2008, Dr. Northrop submitted a random urine specimen for analysis, which tested positive for Ethyl Glucuronide (ETG), an indicator of alcohol use. In addition, Dr. Northrop admitted to consuming alcohol. According to the letter, the positive test result was posted on the laboratory's website on September 9, 2008.

7. On Friday, September 12, 2008, at 5:58 p.m. the Board's Executive Director, Randal Manning, received an e-mail from Dr. Northrop. Attached to the e-mail was a letter from Dr. Northrop dated September 10, 2008, in which Dr. Northrop stated in relevant part:

I have... resigned from my position as Town of North Haven physician to devote my time to restoring my lighthouse here. As I am no longer practicing medicine here, there is no need to maintain the temporary license, nor continue with my application for a permanent license. I therefore withdraw my application for a permanent Maine license at this time...

8. On Friday, September 12, 2008, at 6:33 p.m. the Board staff received an e-mail from Dr. Northrop that stated:

I just wanted to inform you that I have resigned from my position as the Town of North Haven Physician and have no plans to continue practicing in Maine as I'll now be living in my offshore lighthouse in the Fox Island Thorofare. I'm attaching a copy of my letter to Mr. Manning, but wanted to keep you in the loop so that my temporary Maine license can be canceled effective today and my application for a permanent license is likewise withdrawn.

9. On Monday, September 15, 2008, at 8:04 a.m. the Board's Executive Director, Randal Manning, sent Dr. Northrop an e-Mail that stated in relevant part:

Dr. Northrop,

I have received your request to withdraw your application for permanent licensure. Your request will be reviewed by the Board at its October meeting.

We also received last week, confidential information which the Board will also review in the near future... I would suggest that it is premature to presume that the board has granted your request to withdraw from application, should you be required to report such status to any entity. Please feel free to call me if you have any questions.

10. On October 14, 2008, the Board reviewed the foregoing information, and pursuant to 32 M.R.S. § 3282-A, voted to initiate a complaint against Dr. Northrop's temporary Maine medical license based upon alleged habitual substance abuse that was foreseeable likely to result in Dr. Northrop performing services in a manner that endangered the health or safety of patients and unprofessional conduct. The Board docketed the complaint as CR08-379.

11. On December 15, 2008, the Board received a written response from Dr. Northrop to complaint CR08-379. In his response, Dr. Northrop: denied abusing any substances; indicated that he had "obtained Tramadol" from a local pharmacy on the same date that he was given a prescription for Vicoprophen; admitted that he entered the MPHP; denied knowing that he could not consume alcohol; and admitted that he consumed alcohol.

12. On January 12, 2009, the Board reviewed complaint CR08-379. Following its review, the Board voted to offer Dr. Northrop the opportunity to withdraw his application for a permanent Maine medical license while under investigation or undergo a neuropsychiatric and substance abuse evaluation.

13. On March 19, 2009, the Board received a letter from Dr. Northrop's attorney indicating that Dr. Northrop elected to submit to the neuropsychiatric and substance abuse evaluation.

14. On January 5, 2010, the Board received the results of an evaluation conducted of Dr. Northrop at The Farley Center at Williamsburg Place. According to that evaluation, Dr. Northrop was diagnosed with alcohol dependence, opioid dependence, depressive disorder, and anxiety disorder. In addition, according to that evaluation, Dr. Northrop admitted:

- a. "abusing alcohol" at least twice in his life;

- b. He wrote a prescription for Hycodan<sup>1</sup>, a brand of Hydrocodone, for his wife;
- c. He began using the Hycodan syrup himself in March 2009;
- d. By July 2009, a pharmacist noted a pattern and called the state, and Dr. Northrop ended up being visited by law enforcement and surrendering his DEA registration;
- e. Despite his awareness with his problems surrounding alcohol, Dr. Northrop consumed alcohol the day prior to the evaluation;

In addition, according to the evaluation, information from Dr. Northrop's work place indicated that the prescriptions for Hycodan were: in both his wife's name and other relative's/friend's names; in heavy opiate dosages; obtained from multiple pharmacies; and paid for with cash. There was also evidence of Dr. Northrop's deterioration of function in the work place (noncompliance with medical record keeping and other errors), and he was several months overdue in renewing his out of state medical license.

15. On January 10, 2010, the Board reviewed this matter, and voted to take the following action:

- a. Schedule complaint CR09-379 for an adjudicatory hearing; and
- b. Preliminarily deny Dr. Northrop's pending application for a permanent Maine medical license.

16. On March 5, 2010, the Board received a letter from Dr. Northrop's attorney, in which he appealed the Board's decision to preliminarily deny his application for a permanent Maine medical license and requested a hearing.

17. This Consent Agreement been negotiated by legal counsel for Dr. Northrop and legal counsel for the Board in order to resolve complaint CR08-379 and Dr. Northrop's pending application for a permanent Maine medical license (CR10-142) without further proceedings. Absent Dr. Northrop's

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<sup>1</sup> Hydrocodone is a semisynthetic opioid antitussive and analgesic with multiple effects qualitatively similar to those of codeine. In excessive doses, hydrocodone, like other opium derivatives, will depress respiration. Hydrocodone can produce miosis, euphoria, physical and physiological dependence.

Gw

acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to Maureen Lathrop, Investigative Secretary, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before November 5, 2010, the Board will schedule the matter for an adjudicatory hearing at a later date.

18. By signing this Consent Agreement, Dr. Northrop waives, in his personal capacity and through legal counsel, any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification on November 9, 2010. Dr. Northrop waives, in his personal capacity and through legal counsel, forever any arguments of bias or otherwise against any of the Board members in the event that the Board ratifies or fails to ratify this proposed Consent Agreement.

#### COVENANTS

19. Dr. Northrop admits, based upon the evidence in possession of the Board that with regard to complaint CR08-379 and his application for a permanent Maine medical license (CR10-142), the Board has sufficient evidence from which it could reasonably conclude that Dr. Northrop:

- a. Engaged in habitual substance abuse that was foreseeably likely to result in his performing services in a manner that endangered the health or safety of patients. Dr. Northrop acknowledges that such conduct constitutes grounds for discipline of his temporary Maine medical license and grounds for the denial of his application for a permanent Maine medical license pursuant to 32 M.R.S. § 3282-A(2)(B);
- b. Engaged in unprofessional conduct by self-prescribing medication (Tramadol) and by obtaining opioid medication (Hycodan) for his personal use by issuing prescriptions in the name of his wife, family, and/or friends. Dr. Northrop acknowledges that such conduct constitutes grounds for discipline of his emergency Maine medical license and for the denial of his application for a permanent Maine medical license pursuant to 32 M.R.S. § 3282-A(2)(F).

#### DISCIPLINE/CONDITIONS OF LICENSURE

20. In light of the admissions in paragraph 19 above, as well as Dr. Northrop's acceptance of responsibility, his efforts to seek treatment and his commitment to refrain from the use of alcohol and other non-prescribed drugs, the Board agrees to impose and Dr. Northrop agrees to:



a. Accept the following discipline imposed upon his emergency and temporary Maine medical licenses:

(1). A Reprimand. Dr. Northrop's self-prescribing controlled medications constituted a violation of the trust placed in him by the Board, and brings discredit upon the practice of medicine. Dr. Northrop henceforth agrees not to self-prescribe any medications.

(2). A civil penalty of Two Thousand Dollars (\$2,000). Payment of the fine shall be made by certified check or money order made payable to "Treasurer, State of Maine," and be remitted to Maureen Lathrop, Investigative Secretary, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 0433-0137. Dr. Northrop shall ensure that payment of the fine shall be accomplished by November 9, 2012.

b. Withdraw his appeal of the Board's decision to preliminarily deny his application for a permanent Maine medical license, thereby making the Board's decision to preliminarily deny his pending application final. Nothing in this Consent Agreement shall prevent Dr. Northrop, at reasonable intervals, from re-applying for a permanent Maine medical license. Upon receipt of such an application, the Board may: (1) grant Dr. Northrop's application; (2) Deny Dr. Northrop's application; or (3) Grant Dr. Northrop's application with conditions. Upon the filing of any application for licensure, it shall be Dr. Northrop's burden to demonstrate that he does not pose a danger to the public, and that he can safely return to the practice of medicine in Maine.

21. PUBLIC RECORD. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

22. REPORTABLE DISCIPLINE. This Consent Agreement constitutes disciplinary action, and is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions.

23. ADVICE OF COUNSEL. Dr. Northrop has had an opportunity to consult with legal counsel regarding the terms and conditions of this Consent Agreement.

24. WAIVER OF RIGHT TO APPEAL CONSENT AGREEMENT.

Dr. Northrop waives his right to a hearing before the Board or any court regarding all facts, terms and conditions of this Consent Agreement. Dr. Northrop agrees that this Consent Agreement is a final order resolving complaint CR08-379 and his application for a permanent Maine medical

license (CR10-142), and that it is not appealable and is effective until modified or rescinded in writing by the parties hereto.

I, GEORGE E. NORTROP, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS CONSENT AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I HAVE HAD AN OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL REGARDING THIS CONSENT AGREEMENT. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED:

11/2/10

  
GEORGE E. NORTROP, M.D.

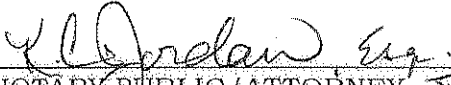
STATE OF CONNECTICUT

COUNTY OF FAIRFIELD, S.S.

Personally appeared before me the above-named George E. Northrop, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.


DATED:

7 NOVEMBER 2010

  
NOTARY PUBLIC/ATTORNEY JURS 424275  
MY COMMISSION ENDS: DOES NOT EXPIRE  
COMMISSIONER OF SUPERIOR COURT  
STATE OF CONNECTICUT

DATED:

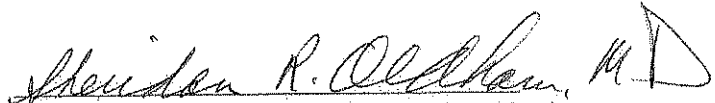
11/8/10

  
WILLIAM B. COTE, ESQ.  
Attorney for Dr. Northrop

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

DATED:

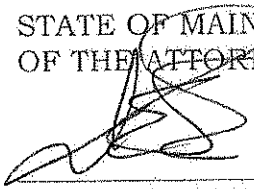
11/9/10

  
SHERIDAN R. OLDHAM, M.D., Chairman

STATE OF MAINE DEPARTMENT  
OF THE ATTORNEY GENERAL

DATED:

11/9/10

  
DENNIS E. SMITH  
Assistant Attorney General

Effective Date:

11/9/10